DEVOTEES, WANNABES AND PRETENDERS: PARAPHILIAS RELATED TO DISABILITY

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Abstract

With the development of the internet, the link between disability and sexuality has become evident, In which the designations "devotees", "pretenders" and" wannabes" (DPW) play a central role. Devotees are healthy individuals who are sexually attracted to people with disabilities, usually with mobility problems. The pretenders are people who act as if they have a disability imitating their movements, using crutches, wheelchairs, plasters, etc. Finally, wannabes wish to be disabled, some of them have gone so far as to have homemade amputations when traditional medicine has refused to respond to their need. The present documentary research investigates each of the members of the DPW taxonomy, presenting: A) the existing hypotheses regarding their etiology; B)its relationship with other diagnostic entities present in DSM V; C)describe some of the treatments that have been used in its therapeutic approach, and D) the interrelations between these 3 categories are mentioned, since the boundaries between them are very flexible.

Keywords

disability, sexuality, devotees, pretenders, wannabes, paraphilia

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People with disabilities have often been socially stigmatized but there has also been a certain fascination, throughout the history of Western societies, for the various bodily alterations. Sometimes, this fascination has taken the form of what Hahn (1988) calls a "subversive sensualism". For example, in the Middle Ages, dwarves and people with intellectual disabilities played an important role as fools or buffoons in royal courts. More recently, with the advent of Internet and Web sites it has become evident that some people experience an increase in sexual desire towards bodies that are outside conventional functional or aesthetic standards (Hovey, 2007).

Some of the people interested in bodies with disabilities are the so-called "devotees or devotees", "pretenders" and "wannabes". Devotees are people without disabilities who are attracted sexually by individuals with handicaps; Pretenders are people without disabilities who act in private and sometimes in public as if they had a disability, using assistive devices (for example, braces, casts, crutches or wheelchairs); and Wannabes are subjects who really want to have a disability, so they sometimes go to extraordinary lengths to get an amputated limb (Bruno, 1997).

Table 1

Description of paraphilias linked to disability

Paraphilia	**Description**
Wannabes Also called people with apothemnofilia, Xenomelia, Identity Disorder of the Body Integrity or BIID (by its acronym in English)	They experience a strong desire to become disabled, becoming self-injured to produce the amputation of a limb. Some of them have paid on the black market to have a limb amputated (usually one leg)
Pretenders or Individuals suffering from Factitious Disorders	Find erotic act as disabled, either imitating their movements or using plaster casts, casts, wheelchairs, , orthopedic appliances, etc.
Devotees	They feel psychosexually attracted towards people who have a

	disability. The tastes of devotees are very specific with relationship to the type of disability that interests them.

The Wannabes

The Wannabes or people suffering from the Identity Disorder of Bodily Integrity (BIID) are individuals who experience the intense desire or compulsion to change their bodies so that it resembles the idealized image they have of themselves as amputees (First, 2005).

Paradoxically, they believe that they will be "more complete" after the amputation of a limb (Neff and Kasten, 2009).

The first case of BIID was reported by Sue in 1875 (Johnston and Elliott, 2002), since then the number of cases reported has been growing gradually and has gained attention after a Scottish surgeon accepted the request to amputate 2 healthy people in 1997 and 1999. (Dyer, 2000 cp Lawrence, 2006).

For some people the desire to lose a limb became so overwhelming that they tried to amputate themselves, for example, a patient was shot in the knee, others used home-made guillotines, an electric saw, dry ice or railroad tracks (Elliott, 2000; Furth and Smith, 2000; Horn, 2003; Kasten, 2006; Money and Simcoe, 1987 c.p. Neff and Kasten, 2009).

Money, Jobaris and Furth (1977) affirm that although it could be thought that apothemnofilia (another term that in some cases has been used as a synonym of the BIID) is synonymous with masochism, in the two cases that they studied, in depth; there was no history of eroticization of pain.

The wannabes are absolutely aware of the absurdity of their desire to amputate themselves. An element to be highlighted is that when they are evaluated psychologically they do not present any psychotic symptoms or

personality disorders that could explain this desire (Noll and Kasten, 2014). They are mostly healthy males with university studies, who work and have a good social functioning (Dieguez and González, 2005).

In addition to their desire for amputation, several wannabes reported feeling sexual arousal for other people with amputated limbs. However, to date, there has not been any investigation to examine in depth the etiology or the phenomenology of this sexual component of the BIID (Pregartbauer, Schnell and Kasten, 2014).

Historically, the first term that was used to refer to the Wannabes was that of apothemnofilia that implied a paraphilia oriented towards the amputation itself and towards the amputation of the couple. However, Money and Simcoe (1986 c.pPregartbauer, Schnell and Kasten, 2014) divided the phenomenon, so they called apothemnofilia paraphilia linked to the amputation itself and called acromotophilia to the paraphilia aimed at the amputation of the couple. Several decades later appeared in the scientific literature, the term BIID to denote that in the wannabes there was an alteration in the body identity and the latter term displaced the apothemnofilia and along with it, the sexual component that accompanied it (Pregartbauer, Schnell and Kasten, 2014).

First (2005) reported the results of a telephone survey of 52 individuals who called themselves wannabes: 63% of them indicated that their main motivation was the desire for amputation, while 52% described the sexual component as a secondary motivation. Very important. This last component of the BIID remains unclear, despite the fact that a decade has passed since this study was carried out (Pregartbauer, Schnell and Kasten, 2014).

In an investigation carried out by Pregartbauer, Schnell and Kasten (2014) it was found that the vast majority of people with BIID feel sexual attraction towards people who have amputations. Consequently, his hypothesis was, that since people tend to look for partners that are similar to them, individuals with BIID could look for similarities in their partner in terms of their interests and

personality traits. If a person feels "complete" only after the amputation of a limb, it is understandable that he prefers a partner who is also "complete" in that way.

According to Bayne and Levy (2005) there are three theories that purport to explain the etiology of the wannabe condition:

1. These people suffer from a Dysmorphic Body Disorder (BDD) that makes them perceivewrongly that one of its limbs is sick or is very ugly, so they want to amputate it. However, there seems to be good reason to doubt whether individuals with BIIDthey suffer from BDD, because in general terms, they do not seem to consider their membersthey are not healthy or they are horrible, but they feel that they are alien to them. (Bayne and Levy, 2005). On the other hand, Michael First, in a recent investigation provides more evidence against the TDC hypothesis. First carried out anonymous and detailed interviews with 52 wannabes and only one of them indicated that their reason for wishing to amputate was the ugliness of their member (Bayne and Levy, 2005).

2. Wannabes are sexually attracted to amputees and, as a consequence, become sexually aroused at the idea of becoming amputated individuals themselves (Bayne and Levy, 2005). This theory is known as "Erotic Target Locating Error.” Freund and Blanchard (1993) suggest that when this location error exists, the person imagines himself acquiring a form similar to his erotic object (an animal, a baby, a person of the opposite sex, etc.), which would allow explain the strong sexual interest in acquiringcharacteristics that are elsewhere (in the couple). In this way, when amputees are the preferred erotic target of an individual who has a localization error, he may experience sexual arousal by pretending to be an amputee (being a pretender) or by thinking of modifying his body to become one. a wannabe).

3. The wannabes suffer from BIID (Disorder of the Body Identity) which originates a mismatch between the corporal scheme and the real body that they possess. The body schema would be the mental representation that a

person has about the shape and structure of their body. The imbalances between the body scheme and the real body are not uncommon, since it would occur in individuals who, having been amputees, experience that the missing part of their body is there (experience of the phantom limb) and would also occur in the wannabes, who would not count with a body scheme for parts of the body that they do have, so they tend to perceive it as something alien or foreign to their organism and wish to have it removed (Bayne and Levy, 2005). According to Ramachandran (2012) the aforementioned mismatch would be caused by a dysfunction in the parietal lobe.

Regarding the therapeutic approach of the Wannabes, it has only been possible to use the analysis of several case studies, and from these, most of the researchers concluded that the treatments with behavioral therapy and psychoanalysis helped the patients to cope with its impulse, but in almost all cases, the desire never completely disappeared (Noll and Kasten, 2014).

Robert Smith, a Scottish surgeon, and Gregg Furth, a psychotherapist who recognizes himself as wannabe, signed the only book written so far on the subject, in this book defended the thesis that apothemnofilia was a mental disorder and proposed its inclusion in the DSM IV as BIID. Both came to the conclusion that in the absence of effective medical or psychological treatment, surgery was the solution for these "patients", similar to what happens in the case of interventions for sex change (Diéguez and González, 2005)

This wannabe phenomenon is not new; In May of 1998, a New York man of seventy-nine years old traveled to Mexico and paid $ 10,000 to have his leg amputated on the black market, shortly after he died of gangrene in a motel (Elliott, 2000). Likewise, in October 1999, a Milwaukee man, mentally healthy, cut his arm with a homemade guillotine, and threatened to cut himself again, if the surgeons returned to join the arm to his body (Elliott, 2000).

The cases that have been identified are simply those that have been made public in thenewspapers. On the Internet there are enough people interested in

being amputated. An Internet list server has 1,400 subscribers who request amputations of healthy members (Elliott, 2000).

In January 2000, British newspapers published some articles on Smith, who practicing as a surgeon; he amputated the legs of two patients who were not physically ill. These patients were competent from the psychiatric point of view; they simply wanted their legs to be cut. This was the first time that medical assistance was provided to people who voluntarily seek the amputation of healthy limbs (Elliott, 2000).

The wannabes realize that living as amputees will not be easy. They understand the problems that amputation will generate in their mobility, in their work and in their social life, they also occur account that they will have to make innumerable adjustments in their daily lives but are willing to pay the price. Their argument is that their bodies belong to them so the choice must be theirs. It is better to live without a leg than with an obsession that controls your life (Elliott, 2000).

According to Ryan (2009) there are several reasons to prohibit amputations of healthy limbs:

1. The amputations required by the wannabes would contravene the principle of primun non nocere (The first thing is not to hurt) that is strongly rooted in the medical psyche, since it would mean amputating a completely healthy member.

2. The amputation of a healthy member could be illegal and consequently punishable by law.

3. Amputation in a BIID case, would involve using a surgical procedure to amputate a healthy limb to a person who might not be mentally healthy.

4. Since amputation is a radical and irreversible procedure, it is preferable to err on the side of excess of caution and ask the patient to wait for an

alternative treatment to improve his condition in the future.

It is obvious that the ethical aspect of surgery in the case of the Wannabes has given rise to controversies that arise from the principle of patient autonomy. If it is only the desire for amputation to achieve one's identity, there would be no reason to reject the operation and it would be treated like any other cosmetic intervention. However, voices have also been raised against, considering that the demand has a morbid origin and attending to it would be like giving in to the request of an assisted suicide in a deeply depressed person (Elliott, 2000).

The pretenders

The pretenders (in English: simulator) are healthy people who act as if they had some typeof injury or disability, so they use orthopedic devices, crutches, casts, or wheelchairs (Diéguez and González, 2005).

Recently, Brugger, Lenggenhager and Giummarra (2013) give clues that the pretend condition could be interpreted as a form of BIID, since a common variant of the desire toamputation is the desire for paraplegia, that is, the paralysis of both legs; as well as the simulation ofdesired status through practices such as: join the legs, sit on them, use tourniquets to reduce the perception of the lower limbs, make the transfer to / or from a wheelchair without using the legs, etc. (Sorene, Heras-Palou and Burke, 2006, Kasten, 2009, Giummarra, Bradshaw, Nicholls, and Brugger, 2012c.p Brugger, Lenggenhager and Giummarra, 2013).

Consistent with the idea that pretending can be a variant of the wannabe condition, Bruno (1997) suggests that pretenders, devotees and wannabes operate the same mechanisms psychological It bases its affirmation on the results obtained by Natress (1996 c.p Bruno, 1997), whofound that 61% of the wannabes and 51% of the devotees exhibited typical behaviors of a pretender.

According to DSM V, pretenders could be categorized as individuals who suffer fromFactitious disorders because they meet the four criteria proposed by the

American Association ofPsychiatry (2014) to diagnose this condition:

1. Falsification of physical or psychological signs or symptoms, or induction of injury or illness, associated with identified damage

2. The individual presents himself to others as sick, incapacitated or injured

3. Deceptive behavior is evident even in the absence of an external or obvious reward

4. Behavior is not better explained by another mental disorder such as delusional disorder or other psychotic disorder. Sometimes, it is difficult to discriminate between a Factice Disorder and a simulation because the difference between both conditions lies in the type of motivation that leads individuals to assume the role ofsick. In the case of the Factice Disorder, the motivation is of an intrinsic nature (the patient seeks to get the attention of others), while in the simulation, the motivation is of extrinsic order (because you try to obtain economic benefits through fraud or economic embezzlement to the social system and / or to avoid unpleasant situations such as going to prison) (Cabo and Tarrío, 2006; García, 2009).

Patients with Factice Disorder do not suffer from a prolonged illness process (the duration of an episode in which they pretend illness is usually one hour). Generally, they attend medical consultation with an artificially produced condition and the doctor's response to their request for help and the type of relationship they are able to develop with their doctors; will dictate the course of the factitious disease process. If the patient feels understood and supported and their needs are met, it is very likely that the "disease" responds to the treatment only to reappear later (Maldonado, 2012).

When a person suffers from Factice Disorder assumes the role of patient. However, while the behavior of faking the disease is conscious, voluntary and requires some degree of planning, the reasons why the individual is impelled to fake the disease are unconscious for the subject (Catalina, Ugarte and

Moreno, 2009). What seems to be evident in these cases is that once the game of the imagination is started, one often comes to self-deception, which arises, from the need to escape from one's own reality. (Kasper, 1913 c.p. Steel, 2009).

To complicate the panorama, the etiology of Factitious Psychological Disorder is not completely understood, since there is no factor that is common to all cases. However, factors of personality associated with this disorder, such as sociopathy, histrionic features and a structure of borderline personality (Steel, 2009).

There is not much experience about the treatment that should be followed with individuals suffering from Factice Disorder, although it has been suggested that the use of antidepressants may improve this condition, since many of these patients have depressive symptoms. Antipsychotics have also been used for different purposes such as the arrest of impulsivity and behavior disorders associates (Catalina, Ugarte & Moreno, 2009).

"The utility of confrontation versus non-confrontation is debated in factitious disorder ... Many authors consider that the confrontation induces the patient to escape without treatment and may favor the appearance of psychotic symptoms and suicidal behaviors. Until now, most of the treatments performed in factitious disorders have avoided the need to confront the patient with their artificial behavior, performing psychoanalytic and behavioral treatments and interventions (avoiding positive reinforcement of the disease)" (Catalina, Ugarte & Moreno, 2009 pp 57-58).

Bruno (1977) has hypothesized that the Factice Disorder can explain the desire of the pretenders to pretend to be disabled and it is possible to find similarities between both conditions. In the first place, for one and the other, the motivations of the simulator behavior are unconscious:

"[Patients with Factice Disorder] act consciously in producing their illnesses,

but the motivations remain unconscious to him. They know they are acting but cannot stop, because their behavior is determined by unconscious factors. The most accepted is that these patients have an urgent need to be cared for and cared for, to be the center of interest. In some patients there is a history of a real childhood illness where they felt care for the first or only time "(Bocchino, 2014, p.95).

On the other hand, in the case of pretend behavior, it is important to remember that this is not a choice. The person feels "programmed" to behave in this way and has little or no ability to alter his behavior: although he may feel very ashamed of his feelings, wishes and obsessions, he can do little about them (Abasiophilia Information, 2013a, ¶14).

Secondly, the pretenders like many of the patients with Factice Disorder have experienced a childhood with many emotional abuses or privations, which is why they came to theconclusion that disability (real or feigned) is the only socially acceptable reason to become worthy of love and attention (Bruno, 1977).

Another common theme is the experience with the disease, either first-hand or second-hand, for example, through the illness of a caregiver during the patient's childhood (Steel, 2009). The most patients with Factice Disorder have training, professional experience or some relationship with the field of health: they are usually doctors, nurses, hospital administrators, technicians of health, etc. (Maldonado, 2012). In the same way, in almost all reported cases of individuals with the condition of pretenders, there was some interaction with a person with a physical disability (Abasiophilia, 2013a).

Although there are many similarities between pretenders and patients with Disorders Facts. There are also differences between the two conditions that cannot be overlooked: first, patients with factitious disorders who develop a relationship of trust with their doctors they tend to stay with them, as long as it fills their unconscious emotional needs (Maldonado, 2012). However, the

pretenders do not usually go to medical appointments, they are content to go to public places where they believe they will not be recognized, for once being there pretend they have somemobility problem, they are allowed to use wheelchairs, crutches or orthopedic devices in front of the others and accept or request the help of others to facilitate their movements (Bruno, 1977) Nor should forget that much of the behavior "pretend" occurs when you are alone while a patient with Factice Disorder always require "public" (Abasiophilia Information , 2013a).

"The pretender feels so attracted by the state of disability that he feels driven to act in some way the disabled lifestyle, although only occasionally. He can make or buy the requisites required by the physical disability - crutches, armrests, a wheelchair - and act out his fantasy of being disabled. Often this is a hidden activity done in the secret of the house. The pretending more daring and with greater self-acceptance can venture in public places. You can travel far from home, to a city where you are not known, to act your disabled lifestyle ... Internally, you feel good about your appearance and behavior. Sometimes, this feeling is balanced with doubt and with guilt for their desire to pretend "(Abasiophilia Information, 2013a, p.14).

Secondly, most patients with factitious disorder have a history of long-standing concerns regarding their health and / or hypochondriacal fears (Maldonado, 2012), while the pretenders know they are healthy and do not experience such concerns: " Many people with these disorders claim that the behavior does not cause them any anguish and that their only problem is social dysfunction as a result of the reaction of others to their behavior "(American Psychiatric Association, 567 cp Harmon, 2012).

Third, the deceptive behavior of patients with factitious disorder assumes three fundamental modalities: a) generating a false diagnosis of disease; b) create a real disease through the use of medicines or injections or; c) Take advantage of a real disease by interfering with the treatment and / or healing of a wound

or a fracture (Maldonado, 2012). Similar behaviors have been reported in wannabes (Money, Jobaris and Furth, 1977), but have not been reported in pretenders who tend not to harm the body (Harmon, 2012)

Fourth, as regards epidemiology, the majority of patients diagnosed with factitious disorder are usually women (Maldonado, 2012), while the majority of pretenders are usually men (Harmon, 2012).

Devotees

A devotee is someone who feels sexually attracted to a person with a disability. Devotees have different ideas about what they find attractive. For example, some are only interested in spinal cord injuries, while others are attracted to other types of physical disabilities (Hovey, 2007).

In terms of preference it is said that the devotee man prefers women who have an amputated leg and the devoted woman likes men in wheelchairs. Another characteristic of devotee, is that many of them, their attitude is inexplicable and describe it as a strong sensation that is beyond their control (Martinez, 2008)

For some researchers, the devotee can also be understood as a fetishist, since their behavior involves a taste for collecting information regarding the disability, for example reading medical books about the subject, attending conferences and enrolling in Internet forumsreferred to theme. Even, enroll in volunteering to help these people, so it can be confused with a person who likes social work. The big difference is that in the devotee, underlying the sexual desire found in the disabled, the object of their desires (Martinez, 2008).

There are devotees of people with different types of disabilities, from blindness to tetraplegia, which has given rise to a series of paraphilias not specified by the DSM IV, such as the amaurofilia: that is the sexual preference for a blind partner, the dysmorphofilia that is the attraction for deformed people, the frenasticphilia that is the sexual excitement that produces certain individuals,

having sexual activity with weak or mentally retarded people, and so on (Romi, 2004).

This research will specifically focus on the devotees who are interested in the people with motor disabilities, being them the abasiofilicos and the acrotomofilicos.

Table 2

Description of Devotees interested in people with motor disabilities.

Type of devotee	**Description**
Abasiophilics	Experience sexual arousal by people with disabilities, who they use orthopedic aids such as plaster, wheelchairs, splints and orthotics Acrotomophilics Feel sexual desire for someone who has an amputated limb.
Acrotomophilics	Feel sexual desire for someone who has an amputated limb.

Abasiophilia

Abasiophilia: formed by the words: a (negation) + basio (to walk, to go) + philia (love). The term abiosophilia was coined by Money in 1990, in an article he wrote about paraphilias. The Abasiophilia is a psychosexual attraction to people with mobility problems, especially those who use orthopedic leg braces, vertebral supports, plasters, cast or wheelchairs (Money, 1990, Aggrawal, 2009).

Although the name of this condition was new, the condition itself was not. In 1960, in the American Journal of Psychotherapy, Dr. Fleischl described a

"man's fantasy for a crippled girl" and said it was a case of "orthopedic fetishism" (Griffiths, 2013). However, Milner, Dopke and Crouch (2008 c.p Griffiths, 2013) think that abasiophilia cannot be classified as a type of fetishism, because in this it is required that the focus of sexual interest be a non-human object. For them, the abiosophilia could be a subtype of Morphophilia.

Morphophilia is a paraphilia characterized by the peak of sexual arousal in response to a specific physical trait, for example: being blond, being tall, being fat, having small breasts, having green eyes, big butt, etc. (Terry, 2007).

Apparently, the Abasiophilia has its origin in the first childhood, before reaching the puberty. But the reason why this occurs is not clear, although there are many hypotheses regarding its etiology. More recently, some have suggested that abasiophilia is a form of BIID (Terry, 2007).

The eradication of polio has produced a decrease in the number of people using orthopedic devices and this may be the reason why the number of abiosophiles interested in this particular type of attachment has decreased. At present, it is more likely that an abiosophiles will be attracted to users of wheelchairs or plasters, than people with orthosis (Abasiophilia Information, 2013b).

Acromotophilia

The word "acromotophilia" comes from the Greek akron (extremity) + tome (court) + philia (love). The romantic and sexual attraction for amputees was first described at the end of the century 19 by Von Krafft-Ebing, and has been called Amelotasis by several authors (Dixon, 1983, Nattress, 1996, Riddle, 1989 c.p Lawrence, 2006) or Acrotomofilia by Money (1986 c.p Lawrence, 2006).

Many factors such as physical appearance, grooming, the ability to speak well, etc., are involved in one person feeling romantic or sexually attracted to

another. It is commonly accepted that men are attracted to women with large breasts, long legs andthin or blond and shiny hair; however, the fact that some men are attracted to people who have lost one or more limbs is less known (Jeffries and Maxfield, 1998).

For many amputees, the idea of someone finding their stump sexually attractive is surprising, even incredible or disconcerting. Especially when the amputee is struggling with essential aspects of self-acceptance, body image and self-esteem (Jeffries and Maxfield, 1998).

There has been much speculation about the etiology of acromotophilia. For example, it has been said that attraction to people with amputations is related to homosexuality, sadism and

bondage. A stump could suggest to the devotees, a penis, that it would be a less threatening sexual stimulus for them (they would become latent homosexuals) (Wakefield, Frank and Meyer, 1977, c.p Smith and Morra, 2006). The similarity of the stump to the penis could also be a counter phobic antidote for Acrotomophilic men with fear of castration (Wakefield, Frank and Meyer,1977, c.p Smith and Morra, 2006). However, these fears have never been documented scientifically and the truth is that the phenomenon remains practically unexplored (Hovey, 2007).

Another of the hypotheses about the origin of devotism, in any of its two versions (Abasiophilia or acromotophilia), seems to be in the demand for affection. The devotee would have observed the care and love who receives a close person (a family member, a neighbor, a school friend, etc.) who is in Disability condition or he himself could have received more attention or some special treatment when he was sick (for example, breaking a leg), so in his mind he established the identification of disability with love and later, during adolescence, such a relationship eroticized to the point where disability ended up being equal to desire (Abasiophilia Information, 2013a).

Bruno (1997) in describing the case of Mrs. D, a devotee woman, suggests that the cause of her devotism was the lack of affection on the part of the parents, who only allowed themselves to express affection in one occasion, in response to the vision of a girl who was using crutches and orthopedic devices, so the Patient concluded that having a disability was a requirement to be loved. Consequently, `for this researcher, the psychotherapeutic approach should be aimed at making patients aware of the pain they experienced by not receiving the love and attention of their parents, and how the disability became a means to get that love . Additionally, Bruno (1997) suggests that thought stopping, substitution of inappropriate behaviors and introspection could help to stop obsessions related to disability.

For their part, Money and Pranzarone (1993) suggested that the pharmacological approach, classical and operant conditioning, biofeedback, psychotherapy and support groups could besuitable treatments for paraphilias, among which included apothemnofilia.

Interrelations between Devotees, Pretenders and Wannabes

So far, all you have are hypotheses about the etiology of the 3 paraphilias linked to the disability, they have been little studied from the scientific point of view because except for some articles published in the 90s, by Money (1990) and Bruno (1997), almost everything that is known about them comes from the forums, blogs or internet chats that members of the DPW collective have created.

Bruno (1997 c.p Campbell, 2003, pp. 349-350) documented 4 etiological explanations for the DPW phenomenon:

1. DPW has a preference for the disabled body because it is less threatening and, therefore, a more accessible "love object";

2. The DPW attraction is associated with an unresolved stimulus, related to the experiences of disability;

3. The DPW attraction falls within the limits of the sexual "perversions" of homosexuality, sadism and slavery; and finally;

4. There is a high incidence of body dysphoria between DPW - that is, a "Disabled person trapped inside a non-disabled body".

In recent years, the phenomenon of wannabes (BIID) has been gaining importance in the media and research has been generated neurophysiological nature trying to find the place where the brain dysfunction occurs that leads these individuals to wish to be amputated. However, it has neglected that most individuals with BIID are sexually attracted to individuals with disabilities (Pregartbauer, Schnell and Kasten, 2014), which could imply the existence of possible existing links between devotees, wannabes and pretendes. In this regard, Bruno (1997) has formulated the hypothesis that all of them underlie similar psychological mechanisms.

This author suggests that since they share similar mechanisms, an entity should be created diagnosis that could be called Factitious Disability Disorder (FDD), in which the disability - real or intended, own or of another - provides an opportunity for the individual to be loved and assisted when there is no opportunity to get it otherwise.

Conclusion

Although some cases of DPW paraphilias have been reported within the scientific literature, until now, its etiology is unknown, which seems to have a complex and multiclausal nature, in which factors of a biological, psychological and social nature interact.

It has been hypothesized that devotees, pretenders and wannabes underlie similar psychological mechanisms, given that in the same person any of the these 3 conditions. However, it is not clear what these mechanisms are or the way in which they operate.

Additionally, the therapeutic approaches (behavioral and psychoanalytic) that have been used, as well as the pharmacological treatment, only seem to have been successful in dealing with the paraphilic impulses, without making them disappear.

One factor that has contributed to the fact that there are no hypotheses about the phenomenon has been evaluated scientifically, is that there are few articles about DPW paraphilia in magazines arbitrated, while the large amount of information that is available, is in chats, internet groups or blogs that the DPW community has created, in an attempt to provide mutual support.

Beyond the etiology and the complex mechanisms that may underlie the phenomenon, it is worth reflecting why the erotic desire that someone can experience towards a body with an unconventional aesthetic is surprising, to the point that the few times the phenomenon has been studied from the scientific side, has always tried to find a space in the field of psychopathology.

In this regard, we should ask ourselves if an erotic desire like this implies per se the presence of a psychological deviation or if it is that in our society, since there is a perception that people with disabilities are asexual, unattractive, immature, barely successful individuals and little apt to make decisions when exercising their sexuality, every time someone eroticizes one of these bodies, it is immediately labeled as pathological.

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